

The Human Support Group Limited

Human Support Group Limited - West Leeds

Inspection report

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Date of inspection visit:

15 August 2019

16 August 2019

20 August 2019

22 August 2019

27 August 2019






Date of publication:

11 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Human Support Group is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, 131 people were receiving personal care.

People's experience of using this service and what we found

We saw an improvement to medicines since the last inspection. These were managed and administered safely. Where risks were identified these were assessed and mitigated by the provider.

People told us they felt safe with the staff who supported them. However, people told us they were not always supported by a consistent staff team.

We received mixed views from people and staff about the registered manager and the service. People told us they did not always feel listened to.

People's needs were assessed prior to them receiving a service. We found some reviews were out of date. However, the registered manager had an action plan in place and was working through these at the time of inspection. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Recruitment checks and records were robust.

People were supported by kind and caring staff who treated them with respect. People's independence was encouraged.

People and their relatives were supported to be involved with the development of the care plans.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update. The last rating for this service was requires improvement (published 16 August 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The last rating for this service was requires improvement (published 16 August 2018). We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

This was a planned inspection based on our inspection schedule.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Human Support Group Limited - West Leeds

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector, a specialist advisor in governance, an assistant inspector and two experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection activity started on 15 August and ended on 27 August. We visited the office location on 15 and 27 August.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the date of registration. We sought feedback from the local authority.

During the inspection

We spoke with 20 people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, regional manager, care director head of compliance and care workers.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. People were safe and protected from avoidable harm. Legal requirements were met

Using medicines safely

At the last inspection there was a breach in relation to safe care and treatment. People were not always receiving their medicines in line with their prescriptions. At this inspection we found improvements had been made and were no longer in breach.

- We saw improvements to the way the provider recorded medicine management. These were audited monthly and any action needed was recorded appropriately.
- People received their medication as prescribed. One relative we spoke told us of an issue they had with medication. This was brought to the providers attention and dealt with appropriately.
- People's medicine support needs were assessed before they started using the service. Information about how people liked their medication administered was recorded in their care plans.
- Staff responsible for administering medicines received training and their competency had been assessed by the registered manager.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they thought care was safe. One person said, "I do feel safe with [name of staff]." Another person said, "I'm definitely safe with them."
- Staff had received training about safeguarding. They had a good understanding about how to report any concerns. Staff could give a range of examples of when they would raise a concern.
- Safeguarding referrals had been made appropriately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed and where a risk had been identified, control measures and guidance for staff detailed how to minimise the risk.
- Before a person received a service an assessment of risks in their environment was undertaken. This was to identify potential hazards in the person's home, such as uneven floors or with electrical appliances, and to look at ways to minimise risks.
- Staff were aware of the importance of reporting and recording any incidents or accidents which occurred.
- Processes were in place to monitor and review accidents and incidents, together with lessons learned from the incident.

Staffing and recruitment

- Recruitment checks were robust. Appropriate references were sought to ensure potential new staff were

suitable for the role for which they were being recruited.

- There were sufficient numbers of staff employed by the service. However, people told us they were not always supported by consistent staff. The registered manager showed us an action plan of this in progress at the time of inspection moving forward.
- People told us staff turned up mostly on time. One person said, "Timings are a bit of an issue, it's very erratic." Another person said, "Some come late but they apologise." A third person said, "They are always on time for me."

Preventing and controlling infection

- Staff demonstrated a good understanding of how to prevent the spread of infection.
- Personal protective equipment was available at all times for staff to use when providing personal care and adequate stocks were held in the provider's office.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received effective care. An assessment of their needs was carried out prior to people receiving support from the service.
- People and their families told us they were involved in developing their care plans and these detailed how people wished to be cared for.

Staff support: induction, training, skills and experience

- People were supported by staff that had the appropriate knowledge to effectively carry out their roles. Staff received induction and training. People and their relatives told us staff were competent in their roles. One person said, "The staff are well trained."
- Staff were supported in their roles through training, regular supervision and competency assessments.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs had been assessed and their care plans identified any support they needed to maintain a balanced diet.
- Staff ensured people had enough to eat and drink and care plans detailed what action staff should take if they had any concerns with people's nutritional intake.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Information about people's health and medical history were included in their care plans. This set out the person's health condition, how it affected them and the support and assistance they needed from staff.
- People confirmed they received support from staff if required, to meet their health needs.
- Staff were aware of the steps they should take to support people to access help and support if they had any concerns about people's health and well-being.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider met the requirements of the legislation. People who had capacity had consented to their care plans. Staff knew the importance of gaining consent prior to supporting people.
- Where people's relatives had power of attorney this was recorded in their care plans and people had been consulted when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in how they wanted their care and support delivered. People had been involved in the assessment process and development of their care plans.
- People told us they were involved in making decisions about the support they received. One person said, "I ask the carers to help with certain things and they do."
- Review meetings had not always taken place to discuss the care people received and any changes people wanted to make. We spoke to the registered manager in relation to ensuring reviews were completed on time. The registered manager had an action plan in place to ensure all reviews were completed.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect by caring staff. People and their relatives said they would like to have more consistent carers. We spoke with the registered manager who was in the process of applying this into the service.
- Relatives and people on the whole were happy with the support they received from staff. One person said, "The staff are really good." Another person said, "[Name of staff] lights up the room." A third person said, "They are very respectful." A relative said, "They know [name of person] nearly as much as I do."

Respecting and promoting people's privacy, dignity and independence

- People told us their independence was encouraged. Care plans contained details of how staff should support people to maintain their independence. One person told us, "They always do things and explain what they are doing," and "They always respect my privacy."
- Staff told us they sought to maximise people's independence whilst supporting them. One staff member said, "We have care plans which tell us to do everything that we need. We ensure we enable service users [people] to do as much as they can for themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider managed people's complaints. We saw formal complaints had been investigated and responded to appropriately. However, people told us they did not always feel listened to when they rang through to the office. One person said, "I have phoned the office to complain, no one got back to me." Another person said, "I end up arguing with the carers about stuff. I ring the office, they say sorry, but nothing gets done." A third person said, "I have rung them up about timings and it's okay now." A fourth person said, "I wouldn't know how to complain."
- We spoke to the registered manager who told us they would ensure this would be actioned straight away. On day two at the office a system was being put into place for all office staff to ensure any calls were actioned straight away.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always have regular reviews to ensure the care and support they received continued to meet their needs. The registered manager had recognised this. The reviews were on going at the time of inspection. We saw evidence to support this.
- Care plans had been developed based upon an initial assessment of people's individual needs and preferences. They included information about people's support requirements as well as details of their life histories, likes and dislikes, and their preferred daily routines.
- Staff demonstrated a good knowledge of the people they supported and their preferred daily routines.

End of life care and support

- Nobody was receiving end of life care at the time of inspection.
- The registered manager told us staff had completed end of life training as part of the care certificate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the need to provide information to people in a way they could understand, in line with the requirements of the AIS. They told us the service was able to provide information to people in formats which met their needs if required.
- We saw one person's care plan was in large print which was identified through the initial assessment process.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives were not always complimentary about the management team. Comments included, "I wouldn't give them dull marks, they're not very communicative" and "They apologise but nothing gets done" and "It's chaotic sometimes." One person was complimentary and said, "Yes, they're well managed."
- The provider was open and transparent in dealing with issues and concerns; they understood their responsibility to apologise and give feedback to people if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- At the time of the inspection, the provider had recently implemented a new governance system within the service. Overall the system was working well. However, there were some inconsistencies identified at local level. For example, communication from people/relatives not always been recorded or actioned. Also medication sheets which had been brought to the office for auditing had not always documented what action the provider had taken.
- Staff were clear about their roles. Most staff told us they felt the registered manager was approachable. One staff member said, "She [manager] is always finding solutions and is getting on top of things. I can see improvements already."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged and involved in their care with full consideration given to their diverse needs.
- There were satisfaction surveys for people to complete and these had been analysed to show levels of satisfaction. The survey results had improved since 2018. Comments included, "Main carer is great. Had issues with the office not letting us know when we cannot have our main carer" and "Sometimes carers are late so office staff will send someone else, but they are not good at calling back, however I am happy with the care."
- There was communication between staff and management. The registered manager held staff meetings, and attendance had improved over the last few months. Staff felt mostly well supported. One staff member told us, "They [managers] are very supportive of me."

- Where required the service worked in partnership with health and social care professionals to ensure people received the best possible care.